

the amount paid by the claimant to the physician for a service exceeds the maximum allowable charge set by the Director's schedule, the Office shall advise the provider of the maximum allowable charge for the service in question and allow the provider the opportunity to refund to the claimant, or credit to the claimant's account, the amount paid by the claimant which exceeds the maximum allowable charge, or to request reconsideration of the fee determination as provided by §10.411 (g) and (h). Failure of the provider to make appropriate refund to the claimant, or to credit the claimant's account, within 60 days after the date of this notification by the Office, or the date of a subsequent reconsideration decision which continues to disallow all or a portion of the appealed amount, shall result in initiation of exclusion procedures as provided by §10.450(h).

(d) After notification as provided in paragraph (c) of this section, if the amount of money paid in excess of the charge allowed by the Office is not refunded by the provider or credited to the claimant's account, the Office may make reasonable reimbursement to the claimant based on a review of the facts and circumstances of the case.

[51 FR 8282, Mar. 10, 1986]

§ 10.413 Time limitation on payment of bills.

The Office will reimburse claimants and providers promptly for all bills received on an approved form and in a timely manner. However, no bill will be paid for expenses incurred if the bill is submitted more than one year beyond the calendar year in which the expense was incurred or the service or supply was provided, or more than one year beyond the calendar year in which the claim was first accepted as compensable by the Office, whichever is later.

[52 FR 10522, Apr. 1, 1987]

Subpart F—Exclusion of Physicians and Other Providers of Medical Services and Supplies

SOURCE: 49 FR 18980, May 3, 1984, unless otherwise noted.

§ 10.450 Exclusion for fraud and abuse: Grounds.

A physician, hospital, or provider of medical support services or supplies shall be excluded from payment under the Act if such physician, hospital or provider has:

(a) Been convicted under any criminal statute for fraudulent activities in connection with any Federal or State program for which payments are made to providers for similar medical, surgical or hospital services, appliances or supplies;

(b) Been excluded or suspended, or has resigned in lieu of exclusion or suspension, from participation in any Federal or State program referred to in paragraph (a) of this section.

(c) Knowingly made or caused to be made, any false statement or misrepresentation of a material fact in connection with a determination of the right to reimbursement under the Act, or in connection with a request for payment;

(d) Submitted, or caused to be submitted, three or more bills or requests for payment within a twelve-month period under this chapter containing charges which the Secretary finds to be substantially in excess of such provider's customary charges, unless the Secretary finds there is good cause for the bills or requests containing such charges;

(e) Knowingly failed to timely reimburse claimants for treatment, services or supplies furnished under this chapter paid by the Government;

(f) Failed, neglected or refused on three or more occasions during a twelve month period, to submit full and accurate medical reports, or to respond to requests by the Office for additional reports or information, as required by the Act and §10.410 of this part;

(g) Knowingly furnished treatment, services or supplies which are substantially in excess of the claimant's needs, or of a quality which fails to meet professionally recognized standards.

(h) Collected or attempted to collect from the claimant, either directly or through a collection agent, an amount in excess of the charge allowed by the Office for the procedure performed, and has failed or refused to make appropriate refund to the injured employee,